

FILED JAN 8 1951 STANDARD CERTIFICATE OF DEATH

State File No. **41285**
REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **71**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) Zion (Rural)	
c. LENGTH OF STAY (in this place) 10 mo		d. STREET ADDRESS (If rural, give location) Joachim Twp.	
3. NAME OF DECEASED a. (First) Mattie b. (Middle) How c. (Last) How			
4. DATE OF DEATH (Month) (Day) (Year) Dec 20-1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Oct 25-1862
9. AGE (In years last birthday) 88		10. KIND OF BUSINESS OR INDUSTRY Retired Dress Maker	11. BIRTHPLACE (State or foreign country) Zion Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Fredrick How	
13b. MOTHER'S MAIDEN NAME Janie Smith		14. NAME OF HUSBAND OR WIFE Gladys R. How Festus Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Gladys R. How ADDRESS Festus Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, bilateral, far advanced. INTERVAL BETWEEN ONSET AND DEATH 1 year + ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility. DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from March 8, 1950 to Dec 20, 1950 , that I last saw the deceased alive on Dec 15, 1950 , and that death occurred at 10:30 am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D. DeSoto, Mo.		23b. ADDRESS	
23c. DATE SIGNED 12-21-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec 22-1950		24c. NAME OF CEMETERY OR CREMATORY Sandy Cem	
24d. LOCATION (City, town, or county) (State) Jefferson County Mo		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard ADDRESS Festus Mo	
DATE REC'D BY LOCAL REG. 12-21-50		REGISTRAR'S SIGNATURE Karlson Moradon	

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED 1-4-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ed W. Wenzel

Signed.....
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address _____

Foster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.